Case 21-22333-CMB Doc 13 Filed 11/05/21 Entered 11/05/21 11:46:24 Desc Main Document Page 1 of 45

Fill in this inform	mation to identify your	case:		
Debtor 1	Robert F. King			
	First Name	Middle Name	Last Name	
Debtor 2	Beth A. King			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF PENNSYLVANIA	
Case number	21-22333-CMB			
(if known)				Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

hedule A/B: Property (Official Form 106A/B) . Copy line 55, Total real estate, from Schedule A/B		100,000.00 42,265.65 142,265.65 abilities t you owe 71,792.83 2,000.00 16,216.00
Summarize Your Liabilities Summarize Your Liabilities Shedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Shedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ Your li Amoun \$	142,265.65 abilities t you owe 71,792.83
Summarize Your Liabilities Thedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Thedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Your li Amoun	71,792.83
chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$	71,792.83 2,000.00
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$	71,792.83 2,000.00
Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,000.00
. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	· —	
. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	16,216.00
Your total liabilities	\$	90,008.83
Summarize Your Income and Expenses	1	
chedule I: Your Income (Official Form 106I) ppy your combined monthly income from line 12 of Schedule I	\$	4,439.55
phedule J: Your Expenses (Official Form 106J) py your monthly expenses from line 22c of Schedule J	\$	3,039.55
Answer These Questions for Administrative and Statistical Records		
e you filing for bankruptcy under Chapters 7, 11, or 13?	ur other sch	nedules.
No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo		
e	your monthly expenses from line 22c of <i>Schedule J</i> Answer These Questions for Administrative and Statistical Records you filing for bankruptcy under Chapters 7, 11, or 13?	y your monthly expenses from line 22c of Schedule J\$ Answer These Questions for Administrative and Statistical Records

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1	Robert F. King		
Debtor 2	Beth A. King	Case number (if known)	21-22333-CMB

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,951.22

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,000.00

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				Doc	ument	Page 3 of 45				
Fill in this	sinformation	to identify	your case and th	is filinç	j:					
Debtor 1	Ro	bert F. Ki	ng							
Dobtor 2		t Name	Middle	Name		Last Name				
Debtor 2 (Spouse, if fili		eth A. King t Name	Middle	Name		Last Name				
United Sta	ates Bankrupt	cy Court for	the: WESTERN	DISTR	ICT OF PENI	NSYLVANIA				
Case num	nher 21-22	333-CMB							□ CŁ	neck if this is an
	21-22	333-ONIB				_				nended filing
_	l Form	_	_							
Sche	dule A	/B: Pi	operty						12/	15
□ No. G	own or have an o to Part 2. Where is the pr		uitable interest in a	ny resid	ence, building	, land, or similar property?				
1.1 146 East College Street Street address, if available, or other de			cription	Single-famil	Single-family Duplex or mu	ty? Check all that apply home Ilti-unit building n or cooperative	the amount	luct secured clai t of any secured Who Have Claim	claims of	on Schedule D:
Can	onsburg	PA	15317-0000			d or mobile home	Current va			t value of the you own?
City		State	ZIP Code		Investment p	roperty	\$10	00,000.00		\$100,000.00
					Timeshare Other			he nature of yo		
				_		at in the property? Check one	a life estat	e), if known.		he entireties, or
					Debtor 1 only	,	Tenancy	by the Ent	irety	
	hington				,					
County	y					Debtor 2 only		c if this is com	nunity p	roperty
				Other		of the debtors and another you wish to add about this iter ion number:	,	structions)		
2 Add +1	he dollar val	ue of the no	artion voluments	r all of	Vour entries	from Part 1, including any	entries for			
									\$	100,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debt	or 2 Be	eth A. King	-9 		Case number (if known	n) 21- 2	22333-CMB
3. C a	ırs, vans, 1	trucks, tract	ors, sport utility ve	hicles, motorcycles			
	No						
	Yes						
_	res						
3.1	Make:	Honda		Who has an interest in the property? Check one			laims or exemptions. Put
0.1	Model: CRV LX			Debtor 1 only			ed claims on Schedule D: ims Secured by Property.
	Year:	2009		Debtor 2 only	Current value of		Current value of the
	Approxim	ate mileage:	158,000	Debtor 1 and Debtor 2 only	entire property		portion you own?
	Other info			☐ At least one of the debtors and another			
		n: 146 Eas Canonsbui	t College rg PA 15317	☐ Check if this is community property (see instructions)	\$3,0	00.00	\$3,000.00
3.2	Make:	Honda		Who has an interest in the property? Check one			laims or exemptions. Put
	Model:	CRV LX		☐ Debtor 1 only			ed claims on Schedule D: ims Secured by Property.
	Year:	2015		Debtor 2 only	Current value of	of the	Current value of the
	Approxim	ate mileage:	62,000	■ Debtor 1 and Debtor 2 only	entire property		portion you own?
	Other info			☐ At least one of the debtors and another			
		n: 146 Eas Canonsbui	t College rg PA 15317	☐ Check if this is community property (see instructions)	\$16,0	00.00	\$16,000.00
				n for all of your entries from Part 2, includin			\$40,000,00
.pa	ages you l	have attache	ed for Part 2. Write	that number here	=>		\$19,000.00
Part 3	3: Describ	e Your Perso	nal and Household Ite	ems			
Do y	ou own oi	r have any le	egal or equitable in	terest in any of the following items?		!	Current value of the portion you own? Do not deduct secured claims or exemptions.
E		goods and fu Major applian	urnishings ces, furniture, linens	, china, kitchenware			
	Yes. Des	cribe					
				ds and Furnishings ast College Street, Canonsburg PA 153	17		\$10,000.00
		ncluding cell		eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music	: collecti	ons; electronic devices
			2 cell phones 2	lap tops, 1 printer, 4 TV's			
				ast College Street, Canonsburg PA 153	17		\$1,500.00

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Debt Debt		Robert F. Ki Beth A. King				Case number (if known)	21-22333-CMB
			figurines; paintings, ons, memorabilia, co		twork; books, pictures, or	other art objects; stamp, coin	, or baseball card collections;
	No		,				
	Yes. D	escribe					
E.		nt for sports a S: Sports, photo musical instr	graphic, exercise, a	nd other hobby equ	uipment; bicycles, pool ta	bles, golf clubs, skis; canoes	and kayaks; carpentry tools;
	Yes. D	escribe					
			s, shotguns, ammun	ition, and related e	equipment		
	l No l Yes. D	escribe					
	No	es: Everyday cl	othes, furs, leather c	coats, designer wea	ar, shoes, accessories		
			Casual and Dre	ss Annarel			\$700.00
	No	es: Everyday je		g, 1 engagemen	ngs, wedding rings, heirlo	ring and	gold, silver
			1 wedding band	d, 3 chains, 1 pe	endent, 2 rings, 1 bra	ncelet	\$2,000.00
	Example No	n animals es: Dogs, cats, Describe	birds, horses				
			2 household ca	nts			\$0.00
	No	er personal an	d household items		ady list, including any h	ealth aids you did not list	
					eluding any entries for p	ages you have attached	\$15,700.00
Part 4		ribe Your Finan			ha fallawi - O		0
Do y	ou own	or have any l	egal or equitable in	nterest in any of th	ne tollowing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Example No		have in your wallet, i			hand when you file your petiti	on
Officia	al Form	106A/B		Schedu	ule A/B: Property		page 3

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	ebtor 1 ebtor 2	Robert F. Beth A. Ki					Case number (if k	(nown)	21-22333-CMB
17.						certificates of deposit; he same institution, lis	shares in credit unions, broke t each.	erage l	nouses, and other similar
	☐ No								
	Yes					Institution name:			
									*
			17.1	. Checking		PNC Checking			\$404.00
18.				icly traded stoc nent accounts wit		e firms, money marke	t accounts		
				Institution or is	suer name:				
19.		ublicly traded enture	stock and	d interests in inc	corporated	and unincorporated	businesses, including an ii	nteres	t in an LLC, partnership, and
	☐ Yes.	Give specific		n about them ame of entity:			% of ownership:		
20.	Negoti	iable instrumei	nts include	personal checks	s, cashiers'	and non-negotiable checks, promissory no to someone by signing	otes, and money orders.		
		Give specific i		about them suer name:					
21.	Examp ■ No		n IRA, ER	ISA, Keogh, 401	(k), 403(b),	thrift savings account	s, or other pension or profit-sh	naring	plans
	☐ Yes.	List each acco		ately. e of account:		Institution name:			
22.	Your s Examp	ty deposits ar hare of all unu ples: Agreeme	sed depos	sits you have mad	de so that y rent, public	ou may continue servi utilities (electric, gas,	ice or use from a company water), telecommunications c	ompar	nies, or others
	■ No □ Yes.					Institution name or in-	dividual:		
23.		ies (A contrac	for a peri	odic payment of	money to yo	ou, either for life or for	a number of years)		
	■ No □ Yes		Issuer na	me and description	on.				
24.	26 U.S.			in an account in , and 529(b)(1).	n a qualifie	d ABLE program, or	under a qualified state tuiti	on pro	ogram.
	■ No □ Yes		Institution	name and descr	ription. Sepa	arately file the records	of any interests.11 U.S.C. § §	521(c):	:
25.		, equitable or	future int	erests in proper	rty (other th	nan anything listed in	n line 1), and rights or powe	rs exe	ercisable for your benefit
	■ No □ Yes.	Give specific	informatio	n about them					
26.	Examp					er intellectual proper m royalties and licensi			
	■ No □ Yes.	Give specific	informatio	n about them					
27.				er general intan clusive licenses,		e association holdings	, liquor licenses, professional	licens	es
		Give specific	informatio	n about them					

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_	ebtor 1 ebtor 2	Robert F. King Beth A. King		Case number (if known)	21-22333-CMB
Me	oney or	property owed to yo	ou?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed to you Give specific informa	tion about them, including whether you already filed	the returns and the tax years	
	Examp ■ No	support bles: Past due or lump Give specific informa	o sum alimony, spousal support, child support, maint	enance, divorce settlement, property	settlement
	Examp		lisability insurance payments, disability benefits, sick loans you made to someone else	pay, vacation pay, workers' comper	nsation, Social Security
		ts in insurance poli bles: Health, disability	cies , or life insurance; health savings account (HSA); cre	edit, homeowner's, or renter's insurar	nce
	■ Yes.	Name the insurance	company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			Connecticut Mutual Life with a face amount of \$5,000.00 and a present cash value of \$3,699.52	Wife	\$3,699.52
			American Income Whole Life Ins Policy with a face amount of \$15,545.00 and a present cash value of \$2,222.93	Husband	\$2,222.93
			American Income Whole Life Ins Term Policy with a face amount of \$10,840.00	Husband	\$0.00
	If you a someo		at is due you from someone who has died a living trust, expect proceeds from a life insurance p ation	policy, or are currently entitled to rece	eive property because
	Examp ■ No		s, whether or not you have filed a lawsuit or mad byment disputes, insurance claims, or rights to sue	e a demand for payment	
34.	Other o		quidated claims of every nature, including counte	rclaims of the debtor and rights to	set off claims
	□ No	ancial assets you d	·		

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Debtor 2	•			Case number (if known)	21-22333-CMB
		Monthly Social Secuirty \$1,239.20 of which \$148 benefit of \$1,090.00			\$1,239.20
		ur entries from Part 4, includinç re			\$7,565.65
Part 5:	Describe Any Business-Related	Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
■ No.	ou own or have any legal or equit Go to Part 6. s. Go to line 38.	able interest in any business-relate	d property?		
	Describe Any Farm- and Comme If you own or have an interest in fa	rcial Fishing-Related Property You (rmland, list it in Part 1.	Own or Have an Interes	st In.	
^	• •	equitable interest in any farm-	or commercial fishir	ng-related property?	
`	No. Go to Part 7.				
<u></u>	Yes. Go to line 47.				
Part 7:	Describe All Property You C	Own or Have an Interest in That You	Did Not List Above		
Exa	amples: Season tickets, country	·			
54. A d	ld the dollar value of all of yo	ur entries from Part 7. Write tha	t number here		\$0.00
Part 8:	List the Totals of Each Part of	of this Form			
55. Pa	rt 1: Total real estate, line 2				\$100,000.00
	rt 2: Total vehicles, line 5		\$19,000.00		<u> </u>
57. Pa	rt 3: Total personal and hous	sehold items, line 15	\$15,700.00		
58. Pa	rt 4: Total financial assets, lii	ne 36	\$7,565.65		
59. Pa	rt 5: Total business-related p	roperty, line 45	\$0.00		
60. Pa	rt 6: Total farm- and fishing-r	elated property, line 52	\$0.00		
61. Pa	rt 7: Total other property not	listed, line 54 +	\$0.00		
62. To	tal personal property. Add lin	es 56 through 61	\$42,265.65	Copy personal property to	stal \$42,265.65
63. To	tal of all property on Schedu	le A/B. Add line 55 + line 62			\$142,265.65

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Fill in this inform	nation to identify your	case:		
Debtor 1	Robert F. King			
	First Name	Middle Name	Last Name	
Debtor 2	Beth A. King			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF PENNSYLVANIA	
Case number	21-22333-CMB			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	146 East College Street Canonsburg, PA 15317 Washington County	\$100,000.00		\$28,729.17	11 U.S.C. § 522(d)(1)	
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
	2009 Honda CRV LX 158,000 miles Location: 146 East College Street,	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(2)	
	Canonsburg PA 15317 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
	2015 Honda CRV LX 62,000 miles Location: 146 East College Street,	\$16,000.00		\$4,000.00	11 U.S.C. § 522(d)(2)	
	Canonsburg PA 15317 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
	2015 Honda CRV LX 62,000 miles Location: 146 East College Street,	\$16,000.00		\$12,000.00	11 U.S.C. § 522(d)(5)	
	Canonsburg PA 15317 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
	Household Goods and Furnishings Location: 146 East College Street,	\$10,000.00	•	\$10,000.00	11 U.S.C. § 522(d)(3)	
	Canonsburg PA 15317 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		

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Robert F. King Debtor 1 21-22333-CMB Beth A. King Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2 cell phones, 2 lap tops, 1 printer, 4 11 U.S.C. § 522(d)(3) \$1,500.00 \$500.00 Location: 146 East College Street, 100% of fair market value, up to Canonsburg PA 15317 any applicable statutory limit Line from Schedule A/B: 7.1 2 cell phones, 2 lap tops, 1 printer, 4 11 U.S.C. § 522(d)(5) \$1,000.00 \$1,500.00 TV's Location: 146 East College Street, 100% of fair market value, up to Canonsburg PA 15317 any applicable statutory limit Line from Schedule A/B: 7.1 11 U.S.C. § 522(d)(3) Casual and Dress Apparel \$700.00 \$700.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit 1 wedding Ring, 1 engagement ring, 11 U.S.C. § 522(d)(4) \$1,500.00 \$978.00 1 anniversary ring and various costume jewelry 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 12.1 1 wedding band, 3 chains, 1 pendent, 11 U.S.C. § 522(d)(4) \$2,000.00 \$2,000.00 2 rings, 1 bracelet Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit **Checking: PNC Checking** 11 U.S.C. § 522(d)(5) \$404.00 \$404.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Connecticut Mutual Life with a face** 11 U.S.C. § 522(d)(8) \$3,699.52 \$3,699.52 amount of \$5,000.00 and a present cash value of \$3,699.52 100% of fair market value, up to **Beneficiary: Wife** any applicable statutory limit Line from Schedule A/B: 31.1 **American Income Whole Life Ins** 11 U.S.C. § 522(d)(8) \$2,222.93 \$2,222,93 Policy with a face amount of \$15,545.00 and a present cash value 100% of fair market value, up to of \$2,222.93 any applicable statutory limit **Beneficiary: Husband** Line from Schedule A/B: 31.2 American Income Whole Life Ins 11 U.S.C. § 522(d)(7) \$0.00 \$0.00 Term Policy with a face amount of \$10,840.00 100% of fair market value, up to Beneficiary: Husband any applicable statutory limit Line from Schedule A/B: 31.3 Monthly Social Secuirty Benefits in 11 U.S.C. § 522(d)(10)(A) \$1,239.20 \$1,239,20 the gross amount of \$1,239.20 of which \$148.50 is witheld for П 100% of fair market value, up to medicare for a net benefit of any applicable statutory limit \$1.090.00 Line from Schedule A/B: 35.1

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	otor 1 otor 2	Robert F. King Beth A. King	Case number (if known)	21-22333-CMB
3.	(Subj	you claiming a homestead exemption of more than \$170,350? ject to adjustment on 4/01/22 and every 3 years after that for cases filed on or a No	after the date of adjustment.)	
	☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?			
		□ No		
		□ Yes		

Case	21-22333-CIVIE		e 12 of 45	11.46.24 Des	sc Main
Fill in this info	rmation to identify you				
Debtor 1	Robert F. King				
	First Name	Middle Name Last Na	ame		
Debtor 2	Beth A. King				
(Spouse if, filing)	First Name	Middle Name Last Na	ame		
United States B	ankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLV	/ANIA		
Case number	21-22333-CMB				
(if known)					if this is an ded filing
Be as complete a	e D: Creditors nd accurate as possible. he Additional Page, fill it de	Who Have Claims Secutif two married people are filing together, both but, number the entries, and attach it to this for	are equally responsible for su	pplying correct informa	
•	rs have claims secured by	y your property?			
☐ No. Che	ck this box and submit the	his form to the court with your other schedu	ules. You have nothing else to	o report on this form.	
Yes. Fill	in all of the information	below.			
Part 1: List	All Secured Claims				
		more than one secured claim, list the creditor sep	Column A	Column B	Column C
for each claim. If	more than one creditor has	a particular claim, list the other creditors in Part cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Boro of	Canonsburg	Describe the property that secures the clair	m: \$193.82	\$100,000.00	\$0.00
Creditor's Na	me	146 East College Street			
		Canonsburg, PA 15317 Washington	on		
Jordan 1	Гах Service	County			
102 Rah	way Road	As of the date you file, the claim is: Check all apply.	that		
Canonst	ourg, PA 15317	☐ Contingent			

Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ☐ Debtor 1 only $\hfill\square$ An agreement you made (such as mortgage or secured Debtor 2 only ■ Debtor 1 and Debtor 2 only ■ Statutory lien (such as tax lien, mechanic's lien) $\hfill\square$ At least one of the debtors and another ☐ Judgment lien from a lawsuit $\hfill\square$ Check if this claim relates to a ☐ Other (including a right to offset) community debt Service

Last 4 digits of account number

1000

through

Date debt was incurred filing

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Debtor 1 Robert F. King		Case number (if known)	21-22333-CMB	
First Name Middle N	ame Last Name			
Debtor 2 Beth A. King First Name Middle N	ame Last Name			
				
Federal Home Loan Mortgage Corp, etal	Describe the property that secures the claim:	\$71,077.01	\$100,000.00	\$0.00
Creditor's Name	146 East College Street			
x/o SPS Servicing, Inc. Attn Bankruptcy	Canonsburg, PA 15317 Washington			
PO Box 65250	As of the date you file, the claim is: Check all that	J		
Salt Lake City, UT	apply.			
84165-0250	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
community desi				
Date debt was incurred 09/88	Last 4 digits of account number 214	3		
Canasia FC Cand/Kay				
2.3 Genesis FS Card/Kay Jewelers	Describe the property that secures the claim:	\$522.00	\$1,500.00	\$0.00
Creditor's Name	1 wedding Ring, 1 engagement ring,]		
	1 anniversary ring and various			
Attn: Bankruptcy	costume jewelry			
Po Box 4477	As of the date you file, the claim is: Check all that apply.			
Beaverton, OR 97076	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	■ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened				
Date debt was incurred 06/18	Last 4 digits of account number 602	2		
-	column A on this page. Write that number here:	\$71,792	2.83	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$71,792	2.83	
Part 2: List Others to De Natified fo	on a Dakt That Var. Almandul inted			
Part 2: List Others to Be Notified fo	·			
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an t you listed in Part 1, list the additional creditors h ils page.	d then list the collection age	ency here. Similarly, if you h	ave more
[] Nama Number Street City State 6	? Zin Codo			
Name, Number, Street, City, State & Federal Home Loan Mortg	·	vhich line in Part 1 did you ent	er the creditor? 2.2	
Trustee for the Benefit of		4 digits of account number		
Seasoned Loans Secured		J	_	
3217 S. Decker Lake Drive Salt Lake City, UT 84199	,			

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Debtor 1	1 Robert F. King		Case number (if known)	21-22333-CMB		
	First Name	Middle Name	Last Name	-		
Debtor 2	Beth A. King					
	First Name	Middle Name	Last Name	-		
k c S 7	KML Law Grou E/o Stephaine A Suite 5000 '01 Market Stre	A. Walczak, Esquire eet		On which line in Part 1 did you ent Last 4 digits of account number		
	Philadelphia, P					

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contre e any the F do no	n, list the and not two p	on Schedu tors with p ou need, fii that Part.	ale A/B: For partially solid it out, in On the to	_	ms. List that are the tries in the tonal page. The tries in the tonal page. The tries in the tonal page. The tries in the tries in the tonal page.	12/15 the other p 106A/B) and listed in the boxes of ges, write y ch claim liste As much as	d on the our
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m her e than ooklet.	re and n two p	show both	priority a	and nonpriority a	mounts.	As much as	∌d,
m her e than ooklet.	re and n two p	show both	priority a	and nonpriority a	mounts.	As much as	÷d,
m her e than ooklet.	re and n two p	show both	priority a	and nonpriority a	mounts.	As much as	ed,
m her e than ooklet.	re and n two p	show both	priority a	and nonpriority a	mounts.	As much as	ed,
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Chec	ck all t	hat apply					
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/ while	e you v	were intoxic	cated				
		_	he government you were intoxi	the government you were intoxicated	-	_	-

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Part 2.

Total claim

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Debtor	2 Beth A. King		Case number (if known)	21-22333-CMB			
4.1	Ally Financial Nonpriority Creditor's Name	Last 4 digits of account number	1998		\$876.00		
	Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438	When was the debt incurred?	Opened 06/15 Last 08/21	Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	bts			
	Yes	Other. Specify Automobile	e				
4.2	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number	8939		\$73.00		
	1105 Schrock Road Suite 700	When was the debt incurred?	Opened 9/06/19				
	Columbus, OH 43229 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only						
	_	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	Later.				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:				
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	aration agreement or divorce	that you did not				
	■ No	bts					
	☐ Yes	Other. Specify Medical					
4.3	Choice Recovery	Last 4 digits of account number	9440		\$70.00		
	Nonpriority Creditor's Name Re: Preferred Primary Care Physicians 1105 Schrock Road	When was the debt incurred?	Opened 03/18 Last 09/17	Active			
	Suite 700 Columbus, OH 43229 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	· ·	,			
	No	☐ Debts to pension or profit-sharing		bts			
	Yes	Other. Specify Unpaid Me	dical				

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Debto	r2 Beth A. King		Case number (if known)	21-22333-CMB	
4.4	Choice Recovery	Last 4 digits of account number	2647		\$70.00
	Nonpriority Creditor's Name 1105 Schrock Road Suite 700	When was the debt incurred?	Opened 3/20/18		
	Columbus, OH 43229 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	_	☐ Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar de	bts	
	□ Yes	Other. Specify Medical			
4.5	Choice Recovery	Last 4 digits of account number	2465		\$54.00
	Nonpriority Creditor's Name 1105 Schrock Road Suite 700	When was the debt incurred?	Opened 9/09/20		
	Columbus, OH 43229 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	_			
	_	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar de	bts	
	Yes	Other. Specify Medical	5,		
1					*=
4.6	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number	8474		\$53.00
	Re: Preferred Primary Care Physicians 1105 Schrock Road Suite 700	When was the debt incurred?	Opened 09/20 Last 03/20	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing		bts	
	Yes	Other. Specify Unpaid Me	dical		

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Debtor 2	2 Beth A. King		Case number (if known)	21-22333-CMB	
	Credit First National Association	Last 4 digits of account number	6995		\$429.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181	When was the debt incurred?	Opened 05/15 Last 2/29/16	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Contingent			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	ad alaim.		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepreport as priority claims		that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Charge Ac	count		
	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	5332		\$7,678.00
	Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 08/17 Last 09/21	t Active	
=	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	d		
4.9	Eastern Revenue Inc Nonpriority Creditor's Name	Last 4 digits of account number	4821		\$5.00
	Attn: Bankruptcy 601 Dresher Rd. Suite 301 Horsham, PA 19044	When was the debt incurred?	Opened 10/19 Last 06/18	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Medical De	ebt		

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Debt	or 2 Beth A. King		Case number (if known)	21-22333-CMB	
4.1 0	Edward and Debra Ceicka	Last 4 digits of account number	xxxxxx		\$6,300.00
<u> </u>	Nonpriority Creditor's Name 5054 Lake Breeze Lane Maumee, OH 43537	When was the debt incurred?	2/11/2013 & 1/4/201	9	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	·	oan: \$2.500.00 on 2/11		
4.1 1	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	2859		\$133.00
	Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 06/18 Last 09/21	Active	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	Yes	Other. Specify Charge Acc	count		
4.1 2	kohls/Capone	Last 4 digits of account number			\$100.00
	Nonpriority Creditor's Name N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	Other. Specify			

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	1 Robert F. King 2 Beth A. King		Case number (if known)	21-22333-CMB	
4.1	Portfolio Recovery Associates, LLC	Last 4 digits of account number	7647		\$226.00
<u> </u>	Nonpriority Creditor's Name Attn: Bankruptcy Re: Capital One Bank Usa N.A. 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 12/20 Las 7/13/21	st Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Пол			
	■ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	e that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar d	lebts	
	☐ Yes	Other. Specify Consumer	debt		
4.1					
4	Preferred Primary Care Physicians Nonpriority Creditor's Name	Last 4 digits of account number	4693		\$73.00
	Manor Oak Two 1910 Cochran Rd # 490 Pittsburgh, PA 15220	When was the debt incurred?	Opened 09/19 Las 02/19	st Active	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.		
	At least one of the debtors and another	Student loans	u Ciaiiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce	e that you did not	
	No	report as priority claims Debts to pension or profit-sharir	ng plane, and other similar d	lehte	
			01	iebis	
	☐ Yes	Other. Specify Unpaid Me	uicai		
4.1 5	Transworld Sys Inc/51 Nonpriority Creditor's Name	Last 4 digits of account number	4618		\$76.00
	RE: Medexpress Urgent Care Pa Attn: Bankruptcy Po Box 15630	When was the debt incurred?	Opened 05/17 Las 01/17	st Active	
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. ☐ Debtor 1 only	Пол			
	_	Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	e that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharir	ng plans, and other similar d	lebts	
	Yes	Other. Specify Unpaid Me	dical		

Official Form 106 E/F

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	Robert F. King Beth A. King	Case number (if known)	21-22333-CMB
Part 3:	List Others to Be Notified About a Debt That You Already Listed		
is trying	page only if you have others to be notified about your bankruptcy, for a debt to collect from you for a debt you owe to someone else, list the original cred re than one creditor for any of the debts that you listed in Parts 1 or 2, list the	itor in Parts 1 or 2, then list the c	ollection agency here. Similarly, if you

notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Medexpress Urgent Care PA** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1001 Consol Energy Dr ■ Part 2: Creditors with Nonpriority Unsecured Claims Canonsburg, PA 15317 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Preferred Primary Care Physicians** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Manor Oak Two** ■ Part 2: Creditors with Nonpriority Unsecured Claims 1910 Cochran Rd # 490 Pittsburgh, PA 15220 Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,000.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		•	0.00
	CI-	you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	16,216.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	16,216.00

Official Form 106 E/F

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Fill in this inform	mation to identify your	case:		
Debtor 1	Robert F. King			
	First Name	Middle Name	Last Name	
Debtor 2	Beth A. King			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA	
Case number	21-22333-CMB			
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		Otate	ZII Ooue	
0	Name				
	Number	Street			
	City		State	ZIP Code	_

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		Documen	il raye 23 Ui	43	
Fill in this infor	mation to identify your	case:			
Debtor 1	Robert F. King				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Beth A. King First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	F PENNSYLVANIA		
Case number	21-22333-CMB				
(if known)					☐ Check if this is an amended filing
Official Fo	orm 106H				
Schedule	H: Your Code	ebtors			12/15
1. Do you h 1. No No Yes 2. Within th	ease number (if known). ave any codebtors? (If y e last 8 years, have you ifornia, Idaho, Louisiana,	Answer every question. ou are filing a joint case, d	o not list either spouse a	s a codebtor. ? (Community propen	p of any Additional Pages, write
		se, or legal equivalent live	•		
in line 2 ag	ain as a codebtor only if , Schedule E/F (Official	that person is a guarante	or or cosigner. Make su	ire you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	nn 1: Your codebtor Number, Street, City, State and ZII	^o Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1 Franl	c E. DeThomas			■ Schedule D, I □ Schedule E/F □ Schedule G _	ine 2.2

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Del	otor 1 Robert	F. King		
	otor 2 Beth A	. King		
Uni	ted States Bankruptcy Court	for the: WESTERN DISTRIC	CT OF PENNSYLVANIA	
(If kr	21-22333-C	MB	_	Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:
<u>O</u>	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your	Income		12/15
	Describe Employ Fill in your employment		Debtor 1	Case number (if known). Answer every question. Debtor 2 or non-filing spouse
	information.		_	Debtor 2 or non-filing spouse
	If you have more than one jattach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	Retired/Part time employme	ent Nurse
	Include part-time, seasonal self-employed work.	or Employer's name	Dollar General	County of Allegheny
	Occupation may include stu or homemaker, if it applies.	dent Employer's address	100 Mission Ridge Goodlettsville, TN 37072	436 Grant Street , Room 104 Pittsburgh, PA 15219
		How long employed	there? <u>7/2021</u>	12 years
Par	t 2: Give Details Abo	ut Monthly Income		
	mate monthly income as of use unless you are separated		f you have nothing to report for any lin	ne, write \$0 in the space. Include your non-filing
•	u or your non-filing spouse has space, attach a separate sh		combine the information for all employ	yers for that person on the lines below. If you need
				For Debtor 1 For Debtor 2 or

4,621.07

0.00

non-filing spouse **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 151.67 Estimate and list monthly overtime pay. 0.00 3. Calculate gross Income. Add line 2 + line 3. 151.67 4,621.07

Schedule I: Your Income Official Form 106I page 1

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	tor 1 tor 2	Robert F. King Beth A. King		C	ase nu	mber (if known)	21-2	2333-CM	В	
	Con	y line 4 here	4.		For Do	ebtor 1 151.67		Debtor 2 -filing spo		
_										
5.		all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	17.88	\$_	82	21.02	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	* <u></u>		0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.		φ	0.00	* *	43	31.75 0.00	
	5e.	Insurance	5e.		\$ —	0.00	\$ 	11	34.75	
	5f.	Domestic support obligations	5f.		\$	0.00	* * -		0.00	
	5g.	Union dues	5g.		\$	0.00	\$	1	7.79	
	5h.	Other deductions. Specify:	5h.	.+	\$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	17.88	\$	1,40)5.31	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	133.79	\$	3,21	5.76	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	-	\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.		\$	0.00	\$		0.00	
	8e.	Social Security	8e.		\$	1,090.00	\$		0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	e 8f. 8g. 8h.		\$ \$	0.00 0.00 0.00	\$ \$ + \$		0.00 0.00 0.00	
	· · · ·			··		0.00	· • —		0.00	٦
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,090.00	\$		0.00	
40	0-1	sulate monthly income. Add line 7 , line 0	40 [Φ.		000 70		45.70	Φ.	4 400 55
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1,4	223.79 + \$	3,2	215.76 =	Φ —	4,439.55
11.	Stat Inclu othe Do r	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					Schedule J 11. •		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes						12.	S	4,439.55
									ombin	ed / income
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	ı?							, income

Official Form 106l Schedule I: Your Income page 2

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Fill	in this informa	tion to identify yo	our case:						
Deb		Robert F. Kir				Ch	eck if this is:		
		Kobert F. Kii	<u> 19</u>				An amended	d filing	
Deb	tor 2 buse, if filing)	Beth A. King	J					nt showing postpetition s as of the following dat	
	, 0,		. \\/_CTC	DNI DISTDICT OF DENNIS	271 774 811 4				
Unite			: WESTE	RN DISTRICT OF PENNS	SYLVANIA		MM / DD / Y	YYY	
1	e number 21 nown)	I-22333-CMB							
Of	fficial Fo	rm 106J							
		J: Your I	 Expen	ises					12/1
Be a	as complete a ormation. If m nber (if know	and accurate as lore space is ne n). Answer ever	s possible. eded, atta ry question	If two married people are ch another sheet to this f					
Part 1.	t 1: Descr Is this a joir	ibe Your House nt case?	hold						
	□ No. Go to								
	■ Yes. Doe	s Debtor 2 live i	in a separa	ate household?					
	■ N □ Y	-	st file Officia	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Depende age	Does depend live with you	
	Do not state							□ No	
	dependents	names.						☐ Yes ☐ No	
								Pes	
								□ No	
								☐ Yes ☐ No	
								Yes	
3.		oenses include f people other tl	han	No					
	yourself and	d your depende	nts? ⊔	Yes					
exp	imate your ex		our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the	ude expense value of sucl ficial Form 10	h assistance an	non-cash o d have inc	government assistance if luded it on <i>Schedule I:</i> Y	you know our Income		You	ur expenses	
,5.1		,							
4.		or home owners and any rent for the		ses for your residence. Ir r lot.	nclude first mortgage	e 4.	\$	0.00	_
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$	0.00	
	•	rty, homeowner's	-			4b.	·	0.00	_
		maintenance, re owner's associat		ıpkeep expenses dominium dues		4c. 4d.		150.00 0.00	_
5.				our residence, such as hor	me equity loans	5.		0.00	_

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ebtor 1 ebtor 2	Robert F. King Beth A. King	Case number (if known)	21-22333-CMB
. Utili	ties:		
6a.	Electricity, heat, natural gas	6a. \$	350.00
6b.	Water, sewer, garbage collection	6b. \$	170.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	350.00
6d.	Other. Specify:	6d. \$	0.00
Foo	d and housekeeping supplies	7. \$	600.00
	dcare and children's education costs	8. \$	0.00
	hing, laundry, and dry cleaning	9. \$	100.00
	sonal care products and services	10. \$	50.00
	lical and dental expenses	11. \$	200.00
Do r	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	433.47
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	150.00
Cha	ritable contributions and religious donations	14. \$	0.00
	irance.		
	not include insurance deducted from your pay or included in lines 4 or 20.	45- A	27.00
	Life insurance	15a. \$	87.08
	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	149.00
	Other insurance. Specify:	15d. \$	0.00
Spe		16. \$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
You	r payments of alimony, maintenance, and support that you did not report a	s	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)		
. Othe	er payments you make to support others who do not live with you.	\$ 19.	0.00
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
Oth	er: Specify: Auto Maint	21. +\$	150.00
	ergency Fund	+\$	100.00
			100.00
	culate your monthly expenses		
	Add lines 4 through 21.	\$	3,039.55
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.	\$	3,039.55
Calc	culate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,439.55
23b.	Copy your monthly expenses from line 22c above.	23b\$	3,039.55
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,400.00
For e	you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect yo fication to the terms of your mortgage?		rease or decrease because of a
·			
цY	ES. LAPIGITITION.		

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Robert F. King			
	First Name	Middle Name	Last Name	
Debtor 2	Beth A. King			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (DF PENNSYLVANIA	
Case number	21-22333-CMB			☐ Check if this is an
(amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who i	s NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Robert F. King Robert F. King Signature of Debtor 1	X /s/ Beth A. King Beth A. King Signature of Debtor 2
Date November 5, 2021	Date November 5, 2021

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Fill	in this info	mation to identify you	r case:			
	otor 1	Robert F. King				
Dak		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Beth A. King First Name	Middle Name	Last Name		
Uni	ted States B	ankruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA		
Cas	e number	21-22333-CMB				
(if kn		21 22000 OIIID			-	theck if this is an mended filing
Sta	atemen		Affairs for Individ		ankruptcy	4/19
info	rmation. If		attach a separate sheet to		<i>r</i> additional pages, write you	
Par	t 1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is yo	ur current marital statu	ıs?			
	■ Marrie					
2.	During the	last 3 vears, have you	lived anywhere other than	where you live now?		
	_	, , , , , ,				
	■ No □ Yes. L	ist all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. M	lake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Por	52 Evol	ain the Sources of You	r Incomo			
Par	Ехріс	an the Sources of You	i income			
4.	Fill in the to	tal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. F	ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,817.08	■ Wages, commissions, bonuses, tips	\$40,523.36
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Robert F. King Debtor 1 Case number (if known) 21-22333-CMB Debtor 2 Beth A. King Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$1,122.89 \$48,651.11 Wages, commissions, Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$1,938.00 \$45,972.00 For the calendar year before that: Wages, commissions. Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$11,152.08 the date you filed for bankruptcy: **Benefits** For last calendar year: Social Security \$14,442.00 (January 1 to December 31, 2020) **Benefits** For the calendar year before that: Social Security \$14,442,00 (January 1 to December 31, 2019) **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

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Deb	otor 2	Beth A. King		Cas	e number (if known)	21-22333-CM	В
	Credi	tor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this paym	ent for
7.	Insider of whice	n 1 year before you filed for bankrupt rs include your relatives; any general pa ch you are an officer, director, person in ness you operate as a sole proprietor.	artners; relatives of any gen n control, or owner of 20% of	neral partners; partne or more of their voting	erships of which yo g securities; and ar	u are a general pa ny managing agen	t, including one fo
	■ N	lo es. List all payments to an insider.					
	Inside	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this	s payment
8.	inside	n 1 year before you filed for bankrupt r? e payments on debts guaranteed or cos		yments or transfer a	iny property on a	ecount of a debt	that benefited an
	■ No □ Yes. List all payments to an insider						
		er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this	
Par	t 4:	Identify Legal Actions, Repossessio	no and Forcelecures	P			
	Case	es. Fill in the details.	Nature of the case	Court or agency		Status of the ca	ase
10.	Within Check	all that apply and fill in the details belo lo. Go to line 11.		erty repossessed, f	oreclosed, garnis	hed, attached, se	eized, or levied?
		tor Name and Address	Describe the Property		Date		Value of the property
			Explain what happene	d			,
11.	accou	n 90 days before you filed for bankru nts or refuse to make a payment bed lo 'es. Fill in the details.		cluding a bank or fin	nancial institution	, set off any amo	unts from your
	Credi	tor Name and Address	Describe the action the	e creditor took	Date :	action was	Amount
12.	court-	n 1 year before you filed for bankrupt appointed receiver, a custodian, or a lo es		erty in the possessi	ion of an assigne	e for the benefit o	of creditors, a

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Debto	r 2 _	Beth A. King			Ca	ase number (21-22333-	СМВ
Part 5		List Certain Gifts and Contribution	ns					
		2 years before you filed for bank		did you give any gifts with a tota	بياميدا.	o of more th	on \$600 per person	2
13. W	I N	•	rupicy,	did you give any girls with a tota	ıı valu	e or more m	an sooo per person	f
		es. Fill in the details for each gift.						
	ifts '	with a total value of more than \$60 erson	00	Describe the gifts			Dates you gave the gifts	Value
		on to Whom You Gave the Gift and	i					
-	Addre	955 :						
14. W	ithin I N	2 years before you filed for bank o	ruptcy,	did you give any gifts or contribu	utions	with a total	value of more than	\$600 to any charity?
] Y	es. Fill in the details for each gift or o	contribu	tion.				
n	nore Chari	or contributions to charities that than \$600 ty's Name ess (Number, Street, City, State and ZIP Cod		Describe what you contributed	d		Dates you contributed	Value
Part 6	1	List Certain Losses						
01	gam N		uptcy o	r since you filed for bankruptcy, o	did yo	u lose anyth	ning because of the	ft, fire, other disaster,
		es. Fill in the details.	_					
		ribe the property you lost and he loss occurred	Includ	ribe any insurance coverage for the the amount that insurance has paince claims on line 33 of Schedule A	aid. Lis	st pending	Date of your loss	Value of property lost
Part 7		List Certain Payments or Transfer	·s					
C	onsul clude	1 year before you filed for bankru Ited about seeking bankruptcy or any attorneys, bankruptcy petition of oes. Fill in the details.	prepar	ing a bankruptcy petition?				rty to anyone you
F	erso	on Who Was Paid		Description and value of any p	oropei	rtv	Date payment	Amount of
E	Addre mail		You	transferred		•	or transfer was made	payment
рі	romis o not		ditors	or to make payments to your cred			r transfer any prope	rty to anyone who
L	J Y	es. Fill in the details.						
	Perso Addre	on Who Was Paid ess		Description and value of any p transferred	oropei	rty	Date payment or transfer was made	Amount of payment
tr: In	ansfe clude clude N		ur busi s made	ness or financial affairs? as security (such as the granting of				
_		es. Fill in the details.		Decembration of the land		Dans :: "		Data tray of a second
A	Addre			Description and value of property transferred			ny property or received or debts change	Date transfer was made
F	erso	on's relationship to you						

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Debtor 1 Robert F. King
Debtor 2 Beth A. King Case number (if known) 21-22333-CMB

19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protes No □ Yes. Fill in the details.		y property to	a self-settle	ed trust or similar device	of which you are a
	Name of trust	Description and v	alue of the pr	operty trans	sferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and S	Storage Uni	ts	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accour	nts; certificate	es of depos		,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and	ast 4 digits of account number	Type of accinstrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy,	any safe de	posit box or other depo	sitory for securities,
	■ No					
	Yes. Fill in the details. Name of Financial Institution	Who else had acc	occ to it?	Dosoribo	the contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or No Yes. Fill in the details.	place other than your	home within	1 year befo	re you filed for bankrup	ccy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
Par	9: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ıde any prope	erty you bor	rowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	10: Give Details About Environmental Infor	mation				
For	he purpose of Part 10, the following definition	ns apply:				
	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	water, grour			
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	-	environmenta	l law, wheth	ner you now own, operat	e, or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, o		as a hazardou	ıs waste, ha	zardous substance, tox	ic substance,
Rep	ort all notices, releases, and proceedings that	you know about, rega	rdless of whe	en they occi	urred.	

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Page 34 of 45 Document Debtor 1 Robert F. King 21-22333-CMB Case number (if known) Debtor 2 Beth A. King 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Status of the **Case Title** Court or agency Nature of the case **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Employer Identification number**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Describe the nature of the business

Name of accountant or bookkeeper

Nο

Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Name Address

Business Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Do not include Social Security number or ITIN.

Dates business existed

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Debtor 1	Robert F. King		-		04 00000 OMB		
Debtor 2	Beth A. King			Case number (if known)	21-22333-CMB		
Part 12:	Sign Below						
are true a with a bar	nd the answers on this <i>Statement of I</i> and correct. I understand that making nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	a false statement	, concealing property, o	r obtaining money or			
/s/ Robe	ert F. King	/s/ Be	eth A. King				
Robert	F. King	Beth A. King					
Signatur	e of Debtor 1	Signature of Debtor 2					
Date N	ovember 5, 2021	Date	November 5, 2021				
Did you a	ttach additional pages to Your State	ment of Financial	Affairs for Individuals F	iling for Bankruptcy (Official Form 107)?		
■ No							
☐ Yes							
Did you p	ay or agree to pay someone who is r	not an attorney to	help you fill out bankrup	otcy forms?			
■ No							
☐ Yes. N	ame of Person Attach the Bank	kruptcy Petition Prej	parer's Notice, Declaration	n, and Signature (Offici	al Form 119).		

Fill in this inforr	Fill in this information to identify your case:						
Debtor 1	Robert F. King						
Debtor 2 (Spouse, if filing)	Beth A. King						
United States E	Bankruptcy Court for the: Western District of Pennsylvania						
Case number (if known)	21-22333-CMB						

Check	Check as directed in lines 17 and 21:					
1	According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colum Debto		Deb	umn B tor 2 or -filing spouse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and c	ommissi	ons (before all	\$	334.37	\$	3,616.85
 Alimony and maintenance payments. Do not includ Column B is filled in. 	le paym	ents from	a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly pof you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Do not include payments from a sporyou listed on line 3. Aut income from appreting a husiness.	rt. Includ	de regula: depende	r contributions ents, parents,	\$	0.00	\$	0.00
Net income from operating a business, profession, or farm	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or fa	arm \$_	0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
	\$	0.00	Copy here ->		0.00	_	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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	Robert F. King Beth A. King			Case numbe	r (<i>if knowi</i>	n) 21-22333	-CMB	
				Column A Debtor 1		Column B Debtor 2 c non-filing		
. Inter	est, dividends, and royalties			\$	0.00	\$	0.00	
. Uner	mployment compensation			\$	0.00	\$	0.00	
	ot enter the amount if you contend that the a social Security Act. Instead, list it here:	mount received was a ben	efit under					
	or you		0.00					
	or your spouse		0.00					
bene not ir Unite disab pay p does	sion or retirement income. Do not include a fit under the Social Security Act. Also, excepnclude any compensation, pension, pay, annual States Government in connection with a dipility, or death of a member of the uniformed social under chapter 61 of title 10, then include not exceed the amount of retired pay to whice red under any provision of title 10 other than	at as stated in the next sen uity, or allowance paid by isability, combat-related in services. If you received a that pay only to the exten ch you would otherwise be	tence, do the jury or ny retired it that it	\$	0.00	\$	0.00	
Do no unde unde coror crime comp Gove death	me from all other sources not listed above of include any benefits received under the Sources the Federal law relating to the national emer the National Emergencies Act (50 U.S.C. 1 navirus disease 2019 (COVID-19); payments a crime against humanity, or international coensation, pension, pay, annuity, or allowance en member of the uniformed services. If no famember of the uniformed services. If no rate page and put the total below.	ocial Security Act; paymen ergency declared by the Pi 601 et seq.) with respect to received as a victim of a for domestic terrorism; or the paid by the United State at-related injury or disability	ats made resident o the war es ty, or					
осра	rate page and put the total below.			\$	0.00	\$	0.00	
				\$	0.00		0.00	
	Total amounts from separate pages, if ar	ny.		\$	0.00		0.00	
	ulate your total average monthly income. column. Then add the total for Column A to		\$	334.37	+ \$	3,616.85		3,951.22
rt 2:	Determine How to Measure Your Deduc	tions from Income						
	y your total average monthly income from ulate the marital adjustment. Check one:	line 11.					\$	3,951.22
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing with	th you. Fill in 0 below.						
	You are married and your spouse is not filing	y with you.						
	Fill in the amount of the income listed in line dependents, such as payment of the spouse	s's tax liability or the spous	e's suppor	t of someon	e other	than you or you	ır depend	lents.
	Below, specify the basis for excluding this in- adjustments on a separate page.	come and the amount of ir	ncome dev	oted to each	n purpo:	se. If necessary	, list addi	tional
	If this adjustment does not apply, enter 0 bel	ow.						
			_ \$		_			
			_ \$		_			
			_ +\$					
	Total		\$	0.0	0 (Copy here=>		0.0
l. You	ur current monthly income. Subtract line 13	3 from line 12.					\$	3,951.22
5. Cal	culate your current monthly income for th	e year. Follow these ster	os:					
	. Copy line 14 here=>	•					\$	3,951.22

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DIUI I	Robert F. King Beth A. King	Case number (if known)	21-22333-0	СМВ	
	Multiply line 15a by 12 (the number of months in a year).			X	12
15k	o. The result is your current monthly income for the year for this par	rt of the form		\$	47,414.64

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Debtor 1 Debtor 2		obert F. King eth A. King		Case number (if known) 21	-22333-CMB
16. Ca	lcula	te the median family income that applies to y	ou. Follow these st	eps:	
16	a. Fill	in the state in which you live.	PA	-	
161	b. Fill	in the number of people in your household.	2		
160	c. Fill	in the median family income for your state and s	size of household.	=	_{\$} 71,448.00
		find a list of applicable median income amounts			·
17. Ho		structions for this form. This list may also be avail to the lines compare?	lable at the bankrup	псу сіетк в опісе.	
17:		■ Line 15b is less than or equal to line 16c. O	n the top of page 1	of this form, check box 1. Disposable	e income is not determined under
	u.	11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
171	b.	☐ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al	lation of Your Dis		
Part 3:	C	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18. Co	ру ус	our total average monthly income from line 1	1.		\$ 3,951.22
cor spo	ntend ouse'	the marital adjustment if it applies. If you are I that calculating the commitment period under 1 s income, copy the amount from line 13. he marital adjustment does not apply, fill in 0 on	1 U.S.C. § 1325(b)(-\$ 0.00
191	b. Su	btract line 19a from line 18.			\$3,951.22
20. Ca	lcula	te your current monthly income for the year.	Follow these steps	:	
20	a. Co	py line 19b			\$3,951.22
	Mu	ultiply by 12 (the number of months in a year).			x 12
201	b. Th	e result is your current monthly income for the ye	ear for this part of th	ne form	\$47,414.64
200	c. Co	ppy the median family income for your state and	size of household fr	om line 16c	\$71,448.00
21.	. Ho	ow do the lines compare?			
		Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the co	ourt, on the top of page 1 of this form,	check box 3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise orde	red by the court, on the top of page 1	of this form, check box 4, The
Part 4:		Sign Below ing here, under penalty of perjury I declare that tl	ne information on th	is statement and in any attachments	is true and correct.
χ /s	s/ Ro	bert F. King	х	/s/ Beth A. King	
		rt F. King ure of Debtor 1		Beth A. King Signature of Debtor 2	
	te N	lovember 5, 2021		Date November 5, 2021	
	M	MM/DD/YYYY		MM / DD / YYYY	
If v	ou ch	necked 17a, do NOT fill out or file Form 122C-2.			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-22333-CMB Doc 13 Filed 11/05/21 Entered 11/05/21 11:46:24 Desc Main Document Page 44 of 45

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In	Robert F. King re Beth A. King		Case No.	21-22333-CMB
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR DE	BTOR(S)
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	0.00
	Prior to the filing of this statement I have received.		\$	0.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person t	inless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the nar			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Clients have agreed that the parties sha applicable "No-Look Fee." However, tim Chapter 7 matters and \$300.00 for Chap compensation shall be paid in accordance with In Re Busy Beaver, 19 office. 	tement of affairs and plan which ors and confirmation hearing, and all follow the Local Rules as the and expenses shall be moter 13 matters from the initiate with the Court's Local R	may be required; d any adjourned hear they pertain to co aintained and billo al meeting with cl ules pertaining to	ings thereof; ompensation above any ed at \$250.00 per hour for ient. Additional attorney's fees in
6.	By agreement with the debtor(s), the above-disclosed fe	e does not include the following	service:	
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of an abankruptcy proceeding.	y agreement or arrangement for	payment to me for re	presentation of the debtor(s) in
	November 5, 2021	/s/ Bryan P. Keena	an	
_	Date	Bryan P. Keenan		
		Signature of Attorney Bryan P. Keenan		
		993 Greentree Ro		
		Suite 200		
		Pittsburgh, PA 15	220	

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keenan662@gmail.com

Name of law firm

United States Bankruptcy Court Western District of Pennsylvania

In re	Beth A. King		Case No.	21-22333-CMB
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date:	November 5, 2021	/s/ Robert F. King	
		Robert F. King	
		Signature of Debtor	
Date:	November 5, 2021	/s/ Beth A. King	
		Beth A. King	
		Signature of Debtor	